


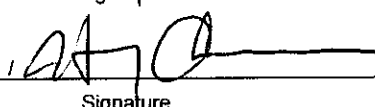


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 137402		3. This Statement covers From: <u>04/01/09</u> to <u>04/19/09</u>	
2. Committee Name COMMITTEE TO ELECT HENRY CHIODINI		4. Candidate Last Name CHIODINI First Name HENRY M.I. 4a. Office Sought Including District # or Community Served (If applicable) SCHOOL BOARD CHIPPEWA VALLEY 4b. County of Residence MACOMB	
5. Committee's Mailing Address 46891 EDGEWATER MACOMB MI 48044 Area Code and Phone <u>(586) 286-8808</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address HENRY CHIODINI 46891 EDGEWATER MACOMB MI 48044 Area Code & Phone <u>(586) 286-8808</u>	
7. Treasurer's Business Address 46891 EDGEWATER MACOMB MI 48044 Area Code and Phone <u>(586) 286-8808</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>05/08/09</u>			
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper HENRY CHIODINI Type or Print Name		Signature  Date 4-23-09	
Candidate HENRY CHIODINI Type or Print Name		Signature  Date 4-23-09	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137402

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name committee to elect Henry Chiodini

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,850.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$2,850.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,529.08</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,529.08</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,850.00</u> ✓	
	(15.) = \$	<u>\$2,850.00</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,529.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$320.92</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137402
2. Committee Name COMMITTEE TO ELECT HENRY CHIODINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/09</u></p> <p>Name & Address: HENRY CHIODINI 46891 EDGEWATER MACOMB MI 48044</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>46891 EDGEWATER MACOMB MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>2000.00</u>	\$ <u>2000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/09</u></p> <p>Name & Address: HENRY CHIODINI 46891 EDGEWATER MACOMB MI 48044</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>46891 EDGEWATER MACOMB MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>850.00</u>	\$ <u>2850.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal **\$2,850.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$2,850.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137402
2. Committee Name Committee to Elect Henry Chiodini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Inkstop Address 20761 Hall Rd. Macomb Mi. 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>printer ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/09</u> Date	\$ <u>50.45</u>
Expenditure #2 Name Mass Mailings Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/09</u> Date	\$ <u>236.93</u>
Expenditure #3 Name Mt. Clemens Post Office Address 155 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/09</u> Date	\$ <u>74.41</u>
Expenditure #4 Name Office Max Address 45320 Utica Park Blvd. Utica Mi. 48315 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ticket stubs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/09</u> Date	\$ <u>110.51</u>
Expenditure #5 Name Mt. Clemens Post Office Address 155 S. Main St. Mt. Clemens Mi. 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/06/09</u> Date	\$ <u>312.00</u>

Subtotal this page **\$733.85**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2529.08**
Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137402
2. Committee Name Committee to Elect Henry Chiodini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Clark Graphics Address 21914 Schmeman Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 411.24</u>
Expenditure #2 Name Mass Mailings Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/09</u> Date	<u>\$ 251.84</u>
Expenditure #3 Name Mt. Clemens Post Office Address 155 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 27.00</u>
Expenditure #4 Name Sawicki & Sons Address 1521 W. Lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 405.45</u>
Expenditure #5 Name Clark Graphics Address 21914 Schmeman Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/09</u> Date	<u>\$ 699.70</u>

Subtotal this page **\$1,795.23**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2529.08**
Enter this total
on line 8a of
Summary Page